

FEB 24 2010

TRINITY COUNTY
CLERK & RECORDER

2010 APR -5 AM 11:28

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Reiss	Wendy			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

County of Trinity

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

County Supervisor, District 5

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Trinity

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Feb. 24 2010
(month, day, year)

Signature [Redacted]
(File the original in your filing official)

FORM 700 Statement of Economic Interests
for calendar year 2009

Wendy Reiss, Trinity County
Board of Supervisors, District 5

List of agencies

Superior California Economic Development District (SCEDD)
Board member

- Multi-County Jurisdiction of Office
- Siskiyou, Shasta, Modoc, Trinity

Northern Rural Training Economic Consortium (NoRTEC)
Governing Board member

- Joint Powers Authority of Eleven counties
- Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity

Regional Council of Rural Counties (RCRC)
Primary delegate

- CRHMFA Homebuyers Fund
- California Rural Home Mortgage Finance Corp
- Environmental Services joint Powers Authority

PSA 2 Area Agency on Aging Executive Board

- Joint Powers Authority of Five Counties
- Siskiyou, Shasta, Trinity, Modoc & Lassen

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1650

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 01 / 09 - 12 / 31 / 09 AMT: \$ 3862.19
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel, meals, parking expenses

► NAME OF SOURCE

Northern Rural Training & Employment Consortium

ADDRESS (Business Address Acceptable)

525 Wall Street

CITY AND STATE

Chico, CA 95928

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 01 / 09 - 12 / 31 / 09 AMT: \$ 800.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel & meals

► NAME OF SOURCE

PSA 2 Area Agency on Aging

ADDRESS (Business Address Acceptable)

208 W. Center

CITY AND STATE

Yreka, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 01 / 12 / 09 - 12 / 31 / 09 AMT: \$ \$400.00
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____